

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
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48						
49						
50						

TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS

9

23

23

32

32

TOTAL IND.

TOTAL

DEP.

TOTAL

CLAIMS

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